

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51079

1. Entity Name

R.J. HENDLEY CHRISTIAN EDUCATION CENTER, A PRIVA

Principal Place of Business

2760 AVENUE "R"
RIVIERA BEACH FL 33404

Mailing Address

2800 AVE. "R"
RIVIERA BCH. FL 33404-4029

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

55-0326220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, SHAWNEE S
1010 W 4TH STREET
STE B
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HENDLEY, CASSANDRA A.	
STREET ADDRESS	426 9TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	LAWRENCE, SHAWNEE	
STREET ADDRESS	1010 W 4TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	TD	☐ Delete
NAME	JACKSON, JULIAN	
STREET ADDRESS	1206 SEA PINES LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	☐ Delete
NAME	STUBBS, MARIAN	
STREET ADDRESS	8042 STREET JOHN AVE "E"	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☐ Delete
NAME	BUTLER, CLUNTON	
STREET ADDRESS	1520 N. 24TH COURT	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	☐ Delete
NAME	HENDLEY, REV. ROBERT J.	
STREET ADDRESS	1380 W. 30TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	8000003237078
STREET ADDRESS	-05/03/00-01075-008
CITY-ST-ZIP	www.70.00 *****70.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. R.J. Hendley, Jr.

Date

Daytime Phone #

03/02/00 842-134

RECORDED
N51079

FILED

00 APR 10 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6037 (9/99)

SP